



LAW OFFICES
STOUT, UXA, BUYAN & MULLINS, LLP

4 VENTURE, SUITE 300
IRVINE, CALIFORNIA 92618
(949) 450-1750
FACSIMILE: (949) 450-1764

PATENTS, TRADEMARKS,
COPYRIGHTS, AND RELATED
INTELLECTUAL PROPERTY
MATTERS

Our File No.
SAFTY-001BC

ROBERT D. BUYAN
Telephone: (949) 450-1750, Ext. 213
E-Mail: rbuyan@patlawyers.com

FACSIMILE COVER SHEET

Date: August 28, 2008

To: Mail Stop M Correspondence
Commissioner for Patents
Maintenance Fee Branch
P.O. Box 1450
Alexandria, VA 22313-1450

Facsimile: (571) 273-6500

Re: US Application No. 09/817,446

Total Number of Pages: 1 (including this form). Please notify us immediately if you have not received all pages.

Attached: Transmittal Letter (1pg.)

PRIVACY NOTICE: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address. Thank you.

RECEIVED
OICE/IAP

SEP 04 2008

PTO/SB/123 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Patent**

Address to:
Mail Stop Post Issue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Patent Number	6,852,289
Issue Date	February 8, 2005
Application Number	09/817,446
Filing Date	March 26, 2001
First Named Inventor	Gordon
Attorney Docket Number	SAFTY-001BC

Please change the Correspondence Address for the above-identified patent to:

☐ The address associated with Customer Number:

OR

☒ **Firm or Individual Name** Safest, Inc. c/o MP Biomedical, Inc.

15 Morgan

Address**City** Irvine**State** CA**ZIP** 92618**Country** US**Telephone****Email**

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the:

- ☐ Patentee.
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 32,460

Signature

Typed or Printed Name Robert D. Buyan**Date** August 28, 2008**Telephone** (949) 450-1750

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Post Issue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.